



Application No. (if known): 10/085,484

Attorney Docket No.: 05983/000K209-US0

## Certificate of Express Mailing Under 37 CFR 1.10

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Commissioner for Patents  
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on November 1, 2005  
Date

Signature

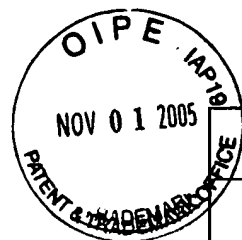
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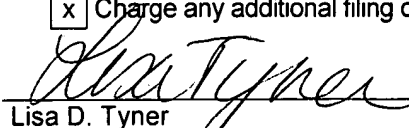
Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Under 37 C.F.R. 1.312) (4 pages)  
Amendment Transmittal (1 page)  
Replacement Drawing Sheet (Fig. 1) (1 sheet)  
Marked-up, Annotated Fig. 1 (1 sheet)  
Exhibit 1 (1 page)  
Return Receipt Postcard



11-3-05

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AMENDMENT TRANSMITTAL LETTER				Docket No. 05983/000K209-US0	
Application No. 10/085,484-Conf. #4903		Filing Date February 26, 2002		Examiner P. Whaley	
				Art Unit 1631	
Applicant(s): Luminita Pricop					
Invention: HUMAN FcγRIIB GENE POLYMORPHISMS FOR ASSESSING DEVELOPMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS AND COMPOSITIONS FOR USE THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 21 =		x	
Independent Claims	7	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Lisa D. Tyner Attorney Reg. No.: 51,619				Dated: <u>November 1, 2005</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
Express Mail Label No. _____ Dated: _____					